



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: SOUTHERN INDIANA REHABILITATION HOSPITAL

City of Hospital: New Albany

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Medicare Provider Number: 153037

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$42841000	Contractual Allowance	\$38876000
Outpatient Patient Service Revenue	\$14173000	Other Deductions	\$0
Total Gross Patient Service Revenue	\$57014000	Total Deductions	\$38876000

2. Deductions From Revenue

3. Total Operating Revenue

Net Patient Service Revenue	\$18138000
Other Operating Revenue	\$182000
Total Operating Revenue	\$18320000

4. Operating Expenses

Salaries and Wages	\$9285000	Employee Benefits	\$2054000
Depreciation and Amortization	\$792000	Interest Expense	\$102000
Bad Debt	\$161000	Other Expenses	\$5336000
Total Operating Expenses	\$17730000		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$590000	Total Assets	\$11996000
Net Non-operating Gains over Loss	\$52000	Total Liabilities	\$7108000
Total Net Gains	\$642000		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$40059000	\$26776000	\$13283000
Medicaid	\$3785000	\$3262000	\$523000
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$13170000	\$8838000	\$4332000
Total	\$57014000	\$38876000	\$18138000

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$6000	\$15000	\$-9000

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$3000	\$-3000

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$5000	\$-5000
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$2000	\$-2000

Number of Medical Professionals Trained	268
Number of Hospital Patients Educated	3680
Number of Citizens Exposed to Health Education Messages	2092

Statement Six: Charity Statement

Hospital Charity Charges	\$223000
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	Payments from	Less Costs to	Unreimbursed Costs
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	Clients	Hospital	to Hospital
Charity Care	\$0	\$700000	
HCI Payments	\$0		
Subtotal	\$0	\$700000	\$-700000
Medicaid Shortfalls	\$518000	\$1065000	
Subtotal	\$518000	\$1136000	\$-618000
DSH Payments	\$0		
Subtotal	\$518000	\$1136000	\$-618000
Medicare Shortfalls	\$9782000	\$10112000	
Other Government Programs	\$0	\$0	
Total	\$10300000	\$11248000	\$-948000

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$2428000	\$3889000	\$-1461000